



New York State Department of Environmental Conservation
Division of Water



Report of Noncompliance Event

To: DEC Water Contact SHOHREH KARIMPOUR DEC Region: 3

Report Type: ☐ 5 Day ☐ Permit Violation ☐ Order Violation ☐ Anticipated Noncompliance ☒ Bypass/Overflow ☐ Other

SPRTK # 170

SECTION 2

SPDES #: NY- 0026689 Facility: ODELL AVENUE CSO REGULATOR

Date of noncompliance: 7/17/2014 Location (Outfall, Treatment Unit, or Pump Station): OUTFALL #017

Description of noncompliance(s) and cause(s): DURING ROUTINE INSPECTIONS OF REGULATORS, THE ODELL AVENUE REGULATOR WAS FOUND TO BE SURCHARGED AND FLOWING OVER THE OVERFLOW WEIR INTO THE STORM DRAIN THAT DISCHARGES INTO THE HUDSON RIVER. APPROXIMATELY 35,800 GALLONS WAS DISCHARGED.

Has event ceased? ☒ (Yes) ☐ (No) If so, when? SAME DAY Was event due to plant upset? ☒ (Yes) ☐ (No) SPDES limits violated? ☒ (Yes) ☐ (No)

Start date, time of event: 7/17/14, 11:10 (AM) (PM) End date, time of event: 7/17/14, 2:35 (AM) (PM)

Date, time oral notification made to DEC? 7/17/14, 12:20 (AM) (PM) DEC Official contacted: MEENA GEORGE

Immediate corrective actions: VACTOR TRUCK WAS DISPATCHED TO CLEAR THE ACCUMULATED DEBRIS AND RAGS THAT CAUSED THE BLOCKAGE AND SURCHARGING.

Preventive (long term) corrective actions: THE COUNTY INSPECTS ITS CSO REGULATORS A MINIMUM OF ONCE PER WEEK AND AFTER RAIN EVENTS IN ORDER TO DETECT FLOW PROBLEMS WITH THE REGULATORS.

SECTION 3

Complete this section if event was a bypass:

Bypass amount: 35,800 GALLONS Was prior DEC authorization received for this event? ☒ (Yes) ☐ (No)

DEC Official contacted: _____ Date of DEC approval: 7/17/14

Describe event in "Description of noncompliance and cause" area in Section 2. Detail the start and end dates and times in Section 2 also.

SECTION 4

Facility Representative: Joseph Gibney Title: Director Date: 7/23/14

Phone #: (814) 813-5418 Fax #: (814) 813-5460

I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Joseph Gibney
Signature of Principal Executive
Officer or Authorized Agent